UMKC
School of Medicine

**Med Student Year 1 and 2 Research Experience Form**

**Name:** _____

**Email:** _____

**Past Research Experience:** Mark all that apply

| | | | | | |
|---|---|---|---|---|---|
| **Clinical Research:** | __ | **High School** __ | **yr1**___ | **yr2** ___ | **# of weeks** |
| **Basic Science Research:** | __ | **High School** __ | **yr1**___ | **yr2**___ | **# of weeks** |
| **Research Shadowing Experience:** | __ | **High School** __ | **yr1**___ | **yr2**___ | **# of weeks** __ |

**Briefly describe your past research experience, please focus on your role in the research project and list the specific techniques that you performed.**